

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GALANIN RECEPTORS AND BRAIN INJURY

the specification of which: ☐ is attached hereto.
☒ was filed on: January 18, 2005
as United States Application No.: _____
or PCT International Application No.: PCT/GB2005/000188
and was amended on: _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

Prior Foreign Application(s)

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

| Application Number | Country | Date of Filing (day, month, year) | Date of Issue (day, month, year) | Priority Claimed | |
|--------------------|---------|--------------------------------------|-------------------------------------|---|-----------------------------|
| 0403509.3 | UK | 17 February 2004 | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Prior Provisional Application(s)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

| Application Number | Date of Filing (day, month, year) |
|--------------------|--------------------------------------|
| | |
| | |

Prior United States Application(s)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Number | Date of Filing (day, month, year) | Status - Patented, Pending, Abandoned |
|--------------------|--------------------------------------|--|
| | | |
| | | |
| | | |

Associate Power of Attorney

And I hereby appoint, both jointly and severally, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the Hunton & Williams LLP attorneys and agents associated with:

**CUSTOMER
NUMBER
21967**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

**NAME OF SOLE OR FIRST
INVENTOR:**

☐ A petition has been filed for this unsigned inventor

Signature

Date

Given Name
(first and middle (if
any))

David

Family Name
or Surname

WYNICK

Citizenship: United Kingdom

Residence: Dorothy Hodgkin Building, Whitson Street, Bristol BS1 3NY

Mailing
Address: same as above